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	ENCE ADDRESS (Note: Use BI	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
26694 VENABLE LL P.O. BOX 3438: WASHINGTON		/2008 MAR 10	400	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
		<i>&/</i>				_	(Depositor's name)		
		CELLER				_:	(Signature)		
•		STRAT & TRA						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ror	ATTOR	NEY DOCKET NO. CONFIRMATION NO.			
10/567,859	02/10/2006		Steve Higgs	03/11	/2008 d	32142227257 DUNUHF 2 00000084	220261	5711 10567859	
TITLE OF INVENTION	i: ARTICLE OF FURNI	rure ·		91 FC	:1501 :1504	1440.00 DA 360.00 DA	/	19701973	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	D	OATE DUE	
nonprovisional	NO	\$1440	\$300	\$0		\$1740	0	5/07/2008	
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS						
MCPARTLIN, SA	RAH BURNHAM	3636	297-383000						
CFR 1.363). Change of corresp Address form PTO/S	ence address or indicatio condence address (or Cha B/122) attached. dication (or "Fee Address 02 or more recent) attach	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			Voorhees				
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	r type)					
	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO		ne patent. If an assig g an assignment.			ocument h	as been filed for	
King Furn	iture (Austral	lia) Pty Ltd.	Tur	rella, Austr	alia	•			
Please check the appropri	riate assignee category or	categories (will not be pr		· ·	-	on or other private gro	oup entity	Government	
Aa. The following fee(s) Issue Fee Publication Fee (1) Advance Order	No small entity discount	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22,0261 (enclose an extra copy of this form).							
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nterest as shown by the Authorized Signature	records of the United Sta	ates Patent and Trademark	c Office.			10, 2008			
			7	Registration		33,074			
Typed or printed nam	nc_Catherine_N	1. Voorhees		Kegistration	INO				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Fees pursuant to the Consolidated Appropria			10/567,859-Conf. #5711									
FEE TRANSI			February 10, 2006									
		First Named Inventor Steve Higgs										
For FY 20	Examiner Name S. B. Mcpartli											
Applicant claims small entity status	Art Unit 3636			···								
TOTAL AMOUNT OF PAYMENT	Attorney Docket	Attorney Docket No. 32142-227257										
METHOD OF PAYMENT (check a	Il that apply)											
	1	one Other	(mlassa idassi	£.).								
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name:						enable LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION	J 4110 1.11											
1. BASIC FILING, SEARCH, AND EX	AMINATION FEES											
FILI	NG FEES SE	EARCH FEES	EXAMI	NATION FEES								
Application Type Fee (\$)	Small Entity Fee (\$) Fee (\$ Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Faas I	Paid (\$)						
Utility 310	155 510		210	105	10031	aid (W)						
Design 210	105 100		130	65								
Plant 210	105 310		160	80								
Reissue 310	155 510		620	310								
Provisional 210	105		020	0								
2. EXCESS CLAIM FEES	105	, ,	U	U		Conall Emilia						
Fee Description					Fee (\$)	Small Entity Fee (\$)						
Each claim over 20 (including Reissue	es)				50	25						
Each independent claim over 3 (include	•				210	105						
Multiple dependent claims	,				370	185						
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	M	lultiple Depende	nt Claims							
- 20 = x	=		E _C	ee (\$) F	Fee Paid (\$)							
HP = highest number of total claims paid for, i	f greater than 20.											
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)										
- 3 = X HP = highest number of independent claims p	aid for, if greater than 3.											
3. APPLICATION SIZE FEE												
If the specification and drawings exc						_						
listings under 37 CFR 1.52(e)), the			for small e	entity) for each ac	ditional 5	0						
sheets or fraction thereof. See 35			-41 4b		Foo	Daid (t)						
Total Sheets Extra Sheets - 100 =	/50 =	(round up to a who		_	<u> </u>	Paid (\$)						
4. OTHER FEE(S)	-	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		Fees	Paid (\$)						
Non-English Specification, \$130	fee (no small entity dis	count)										
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,440.00												
	1504 Publication fee	ior earry, volunta	ary, or no	al	3(00.00						
SUBMITTED BY	11/	I Decision to the										
Signature office /	11 Voules	Registration No. (Attomey/Agent)	33,074	Telephone	(202) 34	4-4000						
Name (Print/Type) Catherine M. Voorl	nees J			Date	March 1	0, 2008						
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